

Legislative History for Connecticut Act

PA 14-61

HB5487

House	2036-2056	21
Senate	2921-2923	3
Judiciary	2275-2278, 2300-2303, 2307-2310, 2319, 2321- 2322, (2328-2331), 2348- <u>2349, 2503-2519</u>	38

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

**VOL.57
PART 7
2024 - 2369**

Are there any other announcements or introductions?

If not, let's return to the call of the Calendar.

Will the Clerk please call Calendar Number 260.

THE CLERK:

On today's Calendar, on page 15, House Calendar 260, Favorable Report of the joint standing Committee on Judiciary, Substitute House Bill 5487, AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE.

SPEAKER SHARKEY:

The distinguished Chairman of the Judiciary Committee, Representative Fox.

REP. G. FOX (146th):

Thank you, Mr. Speaker, and good afternoon. I had --

SPEAKER SHARKEY:

Good afternoon, sir.

REP. G. FOX (146th):

Thank you.

I move for acceptance of the joint committee's Favorable Report and passage of the bill.

SPEAKER SHARKEY:

The question is on acceptance of the joint committee's Favorable Report and passage of the bill. Will you remark, sir?

REP. G. FOX (146th):

Thank you, Mr. Speaker.

During the course of the Judiciary Committee's public hearing process, we -- we raised a bill dealing with immunity when it comes to those who administer a, it's called a, an "opioid antagonist," which means naloxone hydrochloride.

And what -- what this does is it -- we all have been dealing with difficult issues where our young people are overdosing in our communities. And what happens many times in those situations is that those people who are with them at the time are not comfortable or feel fear of their own, perhaps criminal or civil liability in administering this drug, which would in many instances reverse the effects of an overdose and save a young person's life.

And it, so by having this bill, we make it clear that you can, in fact, administer the drug and it will then make it possible for you to do so and that you're not going to be facing your own personal exposure.

Mr. Speaker, the Clerk does have an amendment.

It's LCO Number 4182. I would ask that that be called and I be given leave to summarize.

SPEAKER SHARKEY:

Will the Clerk please call LCO 4182, which will be designated House Amendment "A."

THE CLERK:

House "A," LCO 4182, introduced by Representatives Fox, Rebimbas, and O'Dea.

SPEAKER SHARKEY:

The gentleman has sought leave of the Chamber to summarize. Is there objection?

Seeing none, you may proceed with summarization, sir.

REP. G. FOX (146th):

Thank you, Mr. Speaker.

What the, what the amendment does is it -- we tried to make it clear between those who are actually in the profession of administering these types of drugs and those who are not in that profession but also would be able to do so if they had one of the overdose kits that -- that are available.

And this is some, what I believe to be more clean-up language, in reviewing through our screening process, and I would move adoption of the amendment.

SPEAKER SHARKEY:

Thank you, sir.

Would you care to remark further on House
Amendment "A?"

The distinguished Ranking Member of the Judiciary
Committee, Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker, and good afternoon.

SPEAKER SHARKEY:

Good afternoon, madam.

REP. REBIMBAS (70th):

Mr. Speaker, I rise in support of the amendment
that's before us and I certainly concur that this is
more of a cleaning up of the language of the intent of
the bill, again, not to hold someone who wants to, has
the ability to administer the, again, the antagonist
not to then be sued.

But just for clarification purposes, through you,
Mr. Speaker, a question to the Chairman of the
Judiciary Committee.

SPEAKER SHARKEY:

Please proceed, madam.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

Through you, Mr. Speaker, is there anything in this language that would require someone to have to administer it if they were in the surroundings? And specifically, I see in line 4 the word "may," and I just want, again, for legislative intent, if someone has the fear or at the last minute decides not to administer it, again, it's not a requirement and they would not be held liable for not even attempting to administer. Is that correct?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Fox.

REP. G. FOX (146th):

Thank you, Mr. Speaker, and I thank the Ranking Member for the question.

Yes, that is correct there; they are not required. The hope is that with this amendment and with this bill that word will get out that you can actually take steps towards saving someone's live when they're going through an overdose and not face your own, personal exposure.

SPEAKER SHARKEY:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

And just one more, further clarification.

Certainly the language that appears in the amendment and throughout the then-bill will be that the person has to at least have reasonable care when they're administering it to the person that they are presumed to be overdosing.

Again, it's just the Chairman of the Judiciary Committee could highlight a little bit or tell us the explanation, what reasonable care would be.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Fox.

REP. G. FOX (146th):

Thank you, Mr. Speaker.

I mean, I think "reasonable care" is a term that's used under a number of our laws, and I think it would be that's, that is what of, what would be expected of an ordinary person who would be in this situation, attempting to administer this drug.

SPEAKER SHARKEY:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker, and I'd like to thank

Representative Fox for his explanation.

I certainly concur with all of his responses, and I do support the amendment that's before us.

SPEAKER SHARKEY:

Thank you, madam.

Would you care to remark further on House Amendment "A?"

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker.

I just want to commend the Judiciary Committee and its leadership for bringing forth this bill.

This tragedy going on in the State of Connecticut with heroin overdoses and drug overdoses is devastating in small towns, in cities, in rich families and poor families. I know in my own community, this is a devastating problem we're having with -- with heroin in Connecticut right now, and I think this is a very important measure that we're taking, and I pray that it will help save lives in the future.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, madam.

Would you care to mark furthered on House
Amendment "A?"

Representative Mikutel.

REP. MIKUTEL (45th):

Yes; thank you, Mr. Speaker.

Yeah, the intent of this bill is very good, and I
do agree that it will save lives. I'd like to know
through the proponent of the bill is how do you get
this by the trial attorneys?

SPEAKER SHARKEY:

Through the Chair, sir?

REP. G. FOX (146th):

Oh.

SPEAKER SHARKEY:

Representative Mikutel, through the Chair?

REP. MIKUTEL (45th):

Yes, through the Chair.

SPEAKER SHARKEY:

Representative Fox.

REP. G. FOX (146th):

Oh. Thank you, Mr. Speaker.

And I'll speak to it in terms of the amendment
because the amendment probably covers that as well; I
think I can say that the trial lawyers and those,

their representatives, together with other groups, did work together, because I think everybody did recognize that we, we're, we continue to lose young people and we want to find ways to prevent that. And if immunity is what's required in this situation, we, they supported this and they support this language.

SPEAKER SHARKEY:

Representative Mikutel.

REP. MIKUTEL (45th):

Yes.

SPEAKER SHARKEY:

Again, on the amendment.

REP. MIKUTEL (45th):

Thank you for that response. I will be supporting the bill.

SPEAKER SHARKEY:

Thank you, sir.

Again, on the amendment, on House Amendment "A," would you care to remark?

Representative Conroy.

REP. CONROY (105th):

Thank you, Mr. Speaker.

And I stand today and in support of this bill. I think we all have been seeing the epidemic crisis that

we're having in the state of Connecticut with heroin and the deaths that are related to it. We're going up over 110 percent just in the last year. So this is a great first step that we're doing in the state to have the Narcan available, and I appreciate the sponsors of this bill bringing it to all of our attention.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you.

I just would remind the Chamber that we're on House Amendment "A." Would you care to remark on the amendment that is before us?

Representative Smith.

REP. SMITH (108th):

Thank you, Mr. Speaker.

You know, as one of those who is a trial lawyer and who has actually represented many people who have been addicted to heroin, I stand in strong support of this bill. This is one of those bills that are, you could be proud to be a Legislator and get this passed, because it's, what it does, it's, it looks to save lives.

And we have an epidemic, unfortunately, here in the state of Connecticut, probably throughout the

country, with young people engaging in the use of heroin. They are dying in front of our eyes, and this bill, this amendment -- which I suspect will become the bill -- goes a long way in helping those who are in need and who, and really can't help themselves in that situation. So I support the -- the amendment as it's proposed.

I do have a question to the proponent on -- on one of the language. I think I know the answer but in looking at lines 6 to 9, it talks about any person other than a licensed health care professional acting in the ordinary course of such person's employment. And as I read that, I think one could conclude that the person is not liable but that those who are acting in the ordinary course of their employment may be liable. And I suspect there's other statutes or regulations that would protect him by the very fact that they may be a health care provider, and I just want to make sure that we're not creating some exposure to our health care providers through this legislation.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Fox.

REP. G. FOX (146th):

Thank you, Mr. Speaker.

And then through you, to -- to the question, we wanted to make it clear that those who are not health care professionals can administer these drugs without fear of either criminal prosecution or civil liability. But if you, if you relate the amendment back to the underlying bill, I mean, there are situations where individuals are also health care providers who may be in, this may be their field of expertise. And in those situations, they would, I'm sure, meet the standard of care that was required of them.

SPEAKER SHARKEY:

Representative Smith.

REP. SMITH (108th):

Thank you, Mr. Speaker, and thank the Chairman for his response.

That's what I thought the statute or the -- the amendment meant. And, again, I urge my colleagues to support the amendment; it's a good amendment and ought to pass.

Thank you.

SPEAKER SHARKEY:

Thank you, sir.

Again, staying on the amendment, would you care to remark further on House Amendment "A?"

If not, let me try your minds. All those in favor of House Amendment "A," please signify by saying Aye.

SENATORS:

Aye.

SPEAKER SHARKEY:

Those opposed, Nay.

The Ayes have it. The amendment is adopted.

Would you care to remark further on the bill as amended?

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

Just briefly, as the bill as amended that's before us, for all the reasons already stated and in support of the amendment previously, certainly we heard a lot of testimony from physicians, the Commissioner from the Mental Health Department as well as the various organizations.

This is certainly very good legislation that's before us. And it does have the safeguard that it's

with reasonable care, and that extends to laypersons as well as professionals.

So, again, if for whatever reason that care of administering it is gross negligence, something that completely is not what it's intended for, there is still liability there. So we are still protecting those that are obviously suffering from the overdose. But the true intent of this is to allow individuals, whether professionals or others, to be able to save a life in a reasonable care.

And once we have these tools in our hands, we want to make sure that we are able to access it in a safe and reasonable manner. And I certainly do stand in support of the legislation before us.

SPEAKER SHARKEY:

Thank you, madam.

Would you care to remark further on the bill as amended?

Representative Phil Miller.

REP. PHIL MILLER (36th):

Thank you, Mr. Speaker.

I also rise in strong support of this. As you may know, here in our great state of Connecticut we have thousands upon thousands of our very good

citizens who deal on a regular basis with a disease, a morbid condition, addiction. The good news is that thousands upon thousands find daily recovery in twelve-step programs and other opportunities.

And we've also, as previously stated, have been hearing that we've had over 250 overdosed deaths from heroin alone, here in Connecticut. And we're not even thought to be one of the hot spots. In the Northeast, Vermont and Western Massachusetts, curiously enough, are thought to be places where this has reached almost epidemic levels.

I've heard some people can be concerned that with having this opioid antagonist, Narcan available, that somehow they're concerned it may cause people to think they can safely take drugs. I don't think that's the case; this is a matter of life and death for people. Even people who have been in recovery for many, many years will often tell you that they only have today.

And it is not terribly uncommon, unfortunately, that even people with many years of recovery can often relapse, and this is a tool that will help save lives. And for people who are using now but aspire to stop using and be clean, this may also be a tool that will allow them to fulfill that destiny. So I rise in

strong support and would urge everyone to support this.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir.

Would you care to remark further on the bill as amended?

Representative Chris Davis.

REP. C. DAVIS (57th):

Thank you, Mr. Speaker.

I stand in strong support of this bill here today. Just a few weeks ago, a -- a 14-year-old girl in Broad Brook passed away from a heroin overdose. And though it's unclear whether or not someone could have administered this drug in time to save her life, the hope is by passing a bill like this here today that we could potentially save other young people's lives here in Connecticut. So I stand in strong support of this bill and urge all of my colleagues, too, to support it as well.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir.

Representative O'Dea.

REP. O'Dea (125th):

Thank you, Mr. Speaker.

Through you, I would urge my colleagues to support this bill. And I want to thank Representative Fox for helping this bill get through the process.

This first came up to me back, and I think, believe it was January, when Representative Fox, both Representative Foxes and myself, Representative Walko were at a -- a Connecticut Prevention Network meeting with Ingrid Gillespie. And my own constituent Jeff Holland spoke on this problem. I had no idea that there are over 300 deaths in the state of Connecticut each year from opiate overdose.

And we didn't have, the first responders didn't have the ability or the immunity to give those who were overdosing the Narcan. And if we can just save a few lives with this bill, obviously I think we all would agree it's a huge win and a success.

So I want to thank Representative Fox, again, Jeff Holland, Ingrid Gillespie, and Commissioner Mullen for helping get this bill through, because it will save lives and it is a very good bill.

So thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you. Thank you, sir.

Would you care to remark further on the bill as amended?

Representative Mushinsky.

REP. MUSHINSKY (85th):

Thank you, Mr. Speaker.

Unfortunately, my Town of Wallingford has also experienced this problem among our young people. And the Dry Dock, a facility that works directly with young people to keep them clean and sober, the town first responders, and the parents' group, Coalition for a Better Wallingford, have all requested additional tools to help save our young people.

I was astonished to find out that heroin is now only \$5 a bag. It's -- it's even cheaper to buy heroin today than to buy a lunch at McDonald's, which is really a frightening thing and does partly explain the increase in deaths.

So this tool will be very helpful to save our young people when they make a bad decision and save additional lives. And I'm very thankful to Judiciary Committee and Department of Mental Health and Addiction Services for banning together and solving this problem.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, madam.

Would you care to remark further on the bill as amended?

Representative LeGeyt.

REP. LeGEYT (17th):

Thank you, Mr. Speaker.

I rise to speak to the efficiency of this drug. In the 1970s, I worked in a hospital operating room and I had first-hand experience at seeing how effective and fast-acting Narcan can be in reversing symptoms of opioid overdose or in -- in that context, anesthesia, general anesthesia.

And so as a good idea from a public perspective, it's also a very, very affective fast-acting process, and so I -- I strongly support this bill and encourage my colleagues to do the same.

Thank you.

SPEAKER SHARKEY:

Thank you, sir.

Would you care to remark? Would you care to remark further on the bill as amended?

If not, staff and guests to the Well of the

House. Members, take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please return to the Chamber immediately.

(Deputy Speaker Ritter in the Chair.)

DEPUTY SPEAKER RITTER:

Have all the members voted? Have all the members voted?

Will members please check the board to determine that their vote has been properly cast?

If all the members have voted, the machine will be locked, and the Clerk will take a tally.

The Clerk will please announce the tally.

THE CLERK:

Good afternoon, Madam Speaker.'

House Bill 5487 as amended by House "A."

Total number voting	140
Necessary for passage	71
Those voting Yea	140
Those voting Nay	0

Absent, not voting 10

DEPUTY SPEAKER RITTER:

The bill as amended passes.

Are there any announcements or introductions?

Representative Kokoruda, you have the floor,
ma'am.

REP. KOKORUDA (101st):

Thank you, Madam Speaker. Good afternoon to you.

DEPUTY SPEAKER RITTER:

Good afternoon, ma'am.

REP. KOKORUDA (101st):

I'm pleased today to introduce to my colleagues a group of eighth graders, their coaches, and their parents. They come from a school, Our Lady of Mercy School, in Madison. It's a Blue Ribbon School, and these are eighth graders. The children come from several towns, but the school is in Madison. They're here today, and I hope you'll join me in congratulating them. This is the ninth time that this school has won the Connecticut State Mock Trial Championships.

There were 40 to 50 teams competing up here in Hartford, and I'm so pleased that -- that it's Our Lady of Mercy School, in Madison -- and as I've said,

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Also Calendar page 20, Calendar 488, House Bill 5222.

Moving to Calendar page 23, Calendar 504, House Bill 5309.

Also Calendar page 23, Calendar 505, House Bill 5484.

And on Calendar page 23, Calendar 506, House Bill 5487.

Moving to Calendar page 26, Mr. President, Calendar 519, House Bill 5375.

Also Calendar page 26, Calendar 520, House Bill 5471.

On Calendar page 30, Calendar 542, House Bill 5378.

Calendar page 33, Calendar 558, House Bill 5459.

And also we earlier today had placed Calendar page 37, Calendar 120, Senate Bill 237.

And one additional item, Mr. President, Calendar page 45, Calendar 158, Senate Bill 209.

So this would be our proposed Consent items at this time, Mr. President.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, and if the Clerk would then read the items on the Consent Calendar for verification so we might proceed to a vote.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 4, Calendar 273, Senate Bill 480.

Page 14, Calendar 435, House Bill 5044.

On Page 16, Calendar 450, House Bill 5371.

Also Calendar 451, House Bill 5373.

On Page 18, Calendar 464, House Bill 5293.

On Page 19, Calendar 471, House Bill 5374.

On Page 20, Calendar 472, House Bill 5380.

Calendar 488, 5222.

On Page 23, Calendar 504, House Bill 5309.

And Calendar 505, House Bill 5484.

Also Calendar 506, House Bill 5487.

And on page 26, Calendar 519, House Bill 5375.

Calendar 520, House Bill 5471.

Page 30, Calendar 542, House Bill 5378.

Page 33, Calendar 558, House Bill 5459.

On Page 37, Calendar 120, Senate Bill 237.

And on page 45, Calendar 158, Senate Bill 209.

THE CHAIR:

Thank you. Mr. Clerk. Please announce the pendency of a roll call vote and the machine will be opened.

THE CLERK:

An immediate roll call has been ordered in the Senate.
roll call on today's Consent Calendar has been ordered
in the Senate.

THE CHAIR:

Have all members voted? If all members have voted, please check the board to make sure your vote is accurately recorded.

If all members have voted, the machine will be closed and the Clerk will announce the tally.

THE CLERK:

On today's Consent Calendar.

Total Number Voting	35
Necessary for adoption	18
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

Consent Calendar Number 1 passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would move for immediate transmittal to the House of Representatives of Senate bills acted upon today.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would yield the floor to members for any announcements or points of personal privilege before adjourning and announcing tomorrow's Session.

THE CHAIR:

Any announcements or points of personal privilege? Announcements or points of personal privilege? Seeing none, Senator Looney.

SENATOR LOONEY:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**JUDICIARY
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2014

DOREEN BASTIAN: The bridge was not on the property but they needed my property to convert this bridge.

SENATOR COLEMAN: Okay. In your opening remarks, did you say that the easement was in place prior to your purchase of your property?

DOREEN BASTIAN: The easement was in place prior to the purchase of the property.

SENATOR COLEMAN: And were you aware of the easement?

DOREEN BASTIAN: I was aware that only ten feet would be used, which exceeded that substantially.

SENATOR COLEMAN: Okay, thank you.

DOREEN BASTIAN: Thank you.

SENATOR COLEMAN: William Tootle. Mr. Tootle will be followed by Jillian Gilchrest.

WILLIAM TOOTLE: Senator Coleman, Representative Fox, members of the Committee. Thank you for the opportunity to testify today. My name is William Tootle and I serve on the Board of the Windham Harm Reduction Coalition. We provide syringe exchange services to residents of eastern Connecticut.

I'm here to express my support for House Bill 5487 which would allow anyone to save the life of someone experiencing an opioid overdose by administering naloxone.

Others will testify in detail today to the high rates of overdose deaths locally and nationally and to the effectiveness and harmlessness of naloxone.

What I would like to do then, is make sure that amid all the relevant science and statistics the people most affected by opioid overdoses do not disappear. Actor Philip Seymour Hoffman's fatal heroin overdose last month was tragic and captured the nation's attention and brought the overdose epidemic into sustained mainstream discussion and it has spurred some noteworthy action at the federal level, as evidenced by Congresswoman Donna Edwards' reintroduction of the SOS Act last week and Attorney General Holder's support this week for equipping first responders with naloxone.

All this is positive, but I can't help but be struck by the fact that thousands of ordinary people have been dying of drug overdose each year in this country for decades. The number has tripled since about nineteen nineties such that now approximately 40,000 people die each year of drug overdose. It is now a leading cause of death by injury in the U.S.

As I said, Mr. Hoffman's death was tragic and I am glad it has focused public attention on the problem of drug overdose in general and opioid overdose in particular.

But it troubles me that so many lives have been so unnecessarily lost for so long without generating the kind of attention and concern that the death of a celebrity can trigger ordinary people who use drugs; who have used drugs, who are addicted to drugs, are precisely that, people.

They are our children, our parents, our partners, our friends, our neighbors, our colleagues, all remarkable in their own ways. They have faces and names, aspirations and pain. They have imperfections like all of us,

but they're often labeled and dismissed as merely drug abusers. But they are people, and none of them has to die of an opioid overdose because its antidote naloxone exists and has existed for decades.

Naloxone is, of course, not a solution to the problem of opioid abuse and addiction. That will require far greater changes in our society, which promotes destructive drug use and undervalues drug users, but there is something simple that we can do right now, this very moment, to curb the high rate of overdose deaths and reduce the pain and suffering that ripple out from them. And that something we can do is make naloxone more accessible to everyone likely to encounter an opioid overdose. House Bill 5487 would help do that.

Too many lives have been unnecessarily lost for preventable overdose and too much collective pain has been unnecessarily inflicted on the people connected to those lives. No one who dies of an overdose has the chance to recover from addiction.

I support House Bill 5487 and urge you to do the same. Thank you.

SENATOR COLEMAN: Thank you. Are there questions?
Representative O'Dea.

REP. O'DEA: Thank you, Mr. Chairman and thank you, sir, for your testimony here today. I had mentioned earlier, I asked the question about the number of deaths in Connecticut and I did some research.

In 2012 there were 174 deaths in Connecticut, opioid overdose, and in 2013 increased 48 percent to 257, and so I do thank you for your

testimony and I do think this is something we should do as soon as possible.

I also understand the arguments we've heard here about narrowing the distance between, for the enforcement or the acceleration of penalties for dealing drugs around schools and projects, but I hope you know, it's the irony of the fact that today we're hearing testimony about saving lives with this Narcan as being heard on the same day that we're trying to reduce the distance upon which we're going to have enforce, heightened penalties for dealing drugs around schools isn't lost on everybody here.

I know it's a tough problem. We want to protect our kids, but based on all the research I've done of late, this heroin epidemic is scary. We heard a doctor testify that this is the second epidemic that he's been involved with since the seventies and it's out of control, so I do greatly appreciate your testimony here today and thank you, Chair, for your indulgence on my comments.

SENATOR COLEMAN: Thank you. Anyone else with questions or comments? If not, thank you, Mr. Tootle. Jillian Gilchrest, to be followed by Richard Rogue.

JILLIAN GILCHREST: Good afternoon, Senator Coleman, Representative Fox and members of the Judiciary Committee. My name is Jillian Gilchrest. I'm the Director of Public Policy and Communication for Connecticut Sexual Assault Crisis Services. CONNSACS is the state's coalition of nine community-based sexual assault crisis programs. Our mission is to end sexual violence and ensure high quality comprehensive and culturally competent sexual assault victim services.

HB 5449

HB 5525

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pat/gbr JUDICIARY COMMITTEE

March 12, 2014
12:00 P.M.

CHRISTOPHER HENEGHAN: Good afternoon, Senator Coleman, Representative Fox, members of the Committee. I appreciate the opportunity to testify before you today. I'm Christopher Heneghan, the Director of the Windham Harm Reduction Coalition. We work with over 300 individuals and families affected by substance abuse in eastern Connecticut.

I'm here today to lend my support to House Bill 5487 AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERED AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID OVERDOSE.

The changes proposed by the Department of Mental Health and Addiction Services will allow someone to administer naloxone to bring someone out of an overdose and call 911 for further assistance.

As many of you may know, in 2009 the CDD announce that opiod overdose deaths have reached epidemic proportions in the United States. Almost 40,000 American lives are lost in each year to this preventable tragedy. It is the leading cause of accidental death in our nation, surpassing firearm and motor vehicle accidents. On average, one Connecticut dies each day of an opiod overdose.

Naloxone is an unscheduled drug with a very favorable safety profile and no abuse potentials. Naloxone's only use is to bring somebody back from an opiod overdose. It is similar to an epipen, which may be used to prevent anaphylactic shock.

In the event of an opiod overdose the window of opportunity for a lifesaving intervention closes rapidly, often before EMS is able to respond. Naloxone provides a critical safety

net, extending that window of opportunity for 30 to 90 minutes.

Some policy makers have expressed concern that supporting this bill might be construed as a measure to condone drug abuse. There is an extensive body of evidence to the contrary. In fact, studies have shown naloxone induces the same unpleasant symptoms that opiod individuals are trying to stave off with their opiod use. As such, people do not feel more comfortable using opioids more frequently or in higher doses because of naloxone availability.

This legislation is already on the books. The additional language seeks to make it more workable. Sadly, I think most of us know someone who has struggled to manage an addiction. Opioid users are at highest risk of overdose when they return home to their families following discharge from treatment. In the event of an overdose, it is near impossible for an individual to administer naloxone to themselves.

This bill will allow the loved ones of those struggling with addiction the peace of mind in knowing they can approach their family doctor to request a prescription for naloxone without fear or stigma so this lifesaving medication can be kept in the home.

Since 2009 we have lost nearly 10 percent of our agency's clients to opioid overdose. In 2013, the majority were young men and women, between the ages of 18 and 25.

In response to this epidemic, I urge you to please support House Bill 5487 to ensure Connecticut residents struggling with substance abuse have a chance to get the help and support they need. Thank you.

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12:00 P.M.

SENATOR COLEMAN: Thank you. Are there questions?
Representative Fox.

REP. G. FOX: Yes, thank you, Mr. Chairman. Good
afternoon, sir.

CHRISTOPHER HENEGHAN: Good afternoon.

REP. G. FOX: Just a quick question, I think just
for my own knowledge. It may have been
addressed earlier by a prior speaker. I
apologize if that's the case.

How is this type of drug administered?

CHRISTOPHER HENEGHAN: This type of drug can be
administered inter-nasally, similar to, through
a nasal atomizer, inhaler or it can be
administered inter-muscularly, similar to an
epipen injection.

REP. G. FOX: So if I have no knowledge as to how to
administer this type of drug, and suddenly I
find myself in a situation where an emergency
and it's an opportunity to save this person's
life.

The risk of error, in terms of administering it
incorrectly or correctly is small, is --

CHRISTOPHER HENEGHAN: Very small. In fact, you
know, because it is a prescription medication,
when a family member of someone who may be at
risk for an opioid overdose sees their family
practitioner, they would ask for the
prescription for naloxone. They take that
prescription for naloxone to the pharmacy, have
it filled by the pharmacist. When you know, a
standard pharmacy label would come with that
and within the packaging would be instructions
for administration.

REP. G. FOX: Thank you.

CHRISTOPHER HENEGHAN: Graphical pictures, you know, that people can easily understand.

REP. G. FOX: Thank you. Thank you, Mr. Chairman.

SENATOR COLEMAN: Thank you. Are there others with questions or comments? Seeing none, thank you.

CHRISTOPHER HENEGHAN: Thank you.

SENATOR COLEMAN: David McGuire. Barbara Fair. Barbara will be followed by Ingrid Gillespie.

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BARBARA FAIR: Good afternoon. I want to thank members of the Judiciary Committee for providing me with the opportunity to testify on this important legislation that has disproportionately impacted the sentencing of individuals who live in urban communities.

My name is Barbara Fair and I'm the Founder of My Brother's Keeper, a grassroots organization that works toward a just and humane criminal justice system.

This is a letter that I wrote in 2011. I that time I was in support of the bill which sought to repeal the language found in the original legislation, which mandated a three-year minimum sentence in addition to any other sentence given to one who possesses or sells drugs within 1,500 feet of a school, daycare or public housing complex.

The primary reason for my support is the fact that the outcome of legislation was racially disparate. New Haven, Hartford and Bridgeport being densely populated cities, were the

we haven't gotten that message, I think we need to look at some other reason why we continue to support these kinds of policies. Thank you.

SENATOR COLEMAN: Thank you. Any questions from members? Representative Holder-Winfield.
Senator Holder-Winfield.

SENATOR HOLDER-WINFIELD: That's okay. I do it myself.

SENATOR COLEMAN: Yeah, I'm still (inaudible).

SENATOR HOLDER-WINFIELD: I don't have a question. I just wanted to thank you. I'm thankful for anybody on whatever side of the issue who comes up as persistently as you do, and having said that I am hopeful that you don't have to come back, at least on this issue, so thank you.

BARBARA FAIR: Thank you. You know, they say sanity is doing the same thing over and over again expecting a different result. I think I'm ready to sign myself into a facility.

SENATOR COLEMAN: Ingrid Gillespie is next.

HB 5487 INGRID GILLESPIE: Good afternoon, Senator Coleman, Representative Fox and members of the Committee. My name is Ingrid Gillespie and I'm Director of the Lower Fairfield County Regional Action Council, which covers the communities of Greenwich, Stamford, Darien and New Canaan. But I'm also President of the Connecticut Prevention Network, which is an association of the state's 13 regional action councils and together we provide all 169 communities in Connecticut with education, training and advocacy for substance abuse prevention and mental health promotion across the life-span.

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So in my capacity as President of CPN, I want to offer testimony to support House Bill 5487 AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOD ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOD RELATED DRUG OVERDOSE.

The bill would provide a person immunity from liability when they administer an opiod antagonist to a person they believe in good faith is experiencing an opiod related drug overdose. The opiod antagonist known as naloxone, Narcan, is safe, effective and a life-saving intervention for someone who's experiencing an opiod overdose.

There was an article in the Connecticut Post on Monday that outlined the drug overdose problem facing Connecticut. According to the chief medical examiner, heroin overdose deaths increased by 60 percent from 174 in 2012 to 257 in 2013. With too many unnecessary deaths, there is a need for the use of naloxone, which simply put, can save lives. And as noted by many in recovery from opiod addiction and professionals in the field of addiction, this intervention can save lives and provide an opportunity to access treatment.

A number of people who have recovered from opiod addiction who have experienced being, you know, have had naloxone have said, that made the difference between where I am today because it's an opportunity to consider accessing treatment.

CPN supports this life-saving intervention known as a harm-reduction strategy as part of a more comprehensive effort that includes strategies to address the demand and supply of prescription and illicit opioids.

It's important to note that heroin isn't the only cause for opiod overdose. As noted in an opiod prevention fact sheet, which is created by the Statewide Overdose Prevention Work Group, of which CPN is a member, people with chronic pain, with legitimate prescriptions may turn to heroin as a cheaper, more accessible option.

Children may accidentally ingest prescription medication. Young people going to parties and experimenting may ingest unknown substances. Opiod overdose occurs across all ages, gender, ethnic and geographic strata and in those using it medically and non-medically.

In summary, the Connecticut Prevention Network asks you to support H.B. 5487 as a crucial intervention to save lives, an important step in an overall effort to address the increase of opiod as used in addiction.

And I want to extend thanks to Representative Fox and Representative O'Dea who came to our Legislative breakfast in December and right from the beginning, readily recognized the need for support. So thank you very much.

SENATOR COLEMAN: Thank you. Are there questions or comments from Representative Fox or Representative O'Dea. Representative Fox first, Chairman Fox.

REP. G. FOX: Thank you, Mr. Chairman. I just wanted to say thank you for being here today and for helping answer our questions as we go through this process.. It's been very informative for me, and I hope we can continue to push the bill, so thank you.

INGRID GILLESPIE: Thank you.

SENATOR COLEMAN: Representative O'Dea.

REP. O'DEA: Thank you, Mr. Chairman and thank you, Miss Gillespie. And I want to mention too, that Representative Dan Fox was also at that breakfast and has been very supportive, so I just want to thank you for your testimony and bring this to light for us all. Thank you.

INGRID GILLESPIE: Thank you very much. Thank you.

SENATOR COLEMAN: Anything further? Aleks Kajstura.

REP. O'DEA: Mr. Chairman, I was remiss in my comments. If I may just add one thing for the record. Jeff Holland who is from New Canaan was one of the ones that made this, highlighted this problem for me and this solution. I just saw him in the audience and I was remiss in not mentioning it earlier. For the record, I want to make sure it was known that Mr. Holland has been very active in getting this done as well. Sorry, Mr. Chairman. I appreciate it.

SENATOR COLEMAN: No problem. Thank you, Mr. Holland. And Miss Kajstura, you may begin.

ALEKS KAJSTURA: Thank you, Chairman Coleman and Chairman Fox and members of the Committee for allowing me to testify here today. I'm here to testify in favor of 259, especially the reduction in the size of the zone.

I'm the Legal Director for the Prison Policy Initiative. We're a national nonprofit, nonpartisan research and policy organization, and we focus on how geography impacts criminal justice policy.

I'm the co-author of two reports about school zones in Massachusetts that eventually led to

have it, you don't know if this would be any more or less (inaudible) in cities versus rural or suburban areas. Correct?

ANDREW SCHNEIDER: Well, I don't know what will happen here in Connecticut, that is correct. But all I can tell you is from the studies that have been conducted in other states that this has had very negative consequences and so, you know, a number of cities have experienced extremely negative consequences because the restrictions have created basically entire, you know, have entirely banished this group of people.

REP. REBIMBAS: Thank you for your testimony.

ANDREW SCHNEIDER: Sure.

SENATOR COLEMAN: Do other members have questions? Seeing none, thank you, Andrew.

ANDREW SCHNEIDER: Thank you very much.

SENATOR COLEMAN: LaResse Harvey. LaResse will be followed by Isa Mujahid.

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HB5487

LARESSE HARVEY: Good afternoon, Judicial Committee members. Thank you for the opportunity to address you guys and its distinguished members.

A Better Way Foundation has worked on reforming drug free schools zones since its inception in 1999. Our membership is over 10,000 people across the State of Connecticut representing various stakeholders directly and indirectly impacted by the implementation of the drug-free school zone law.

I'm only going to point out, I submitted written testimony. I'm going to point out three or four things. One, according to

disorder, mental illness treatment so that they can become self sufficient and keep families together.

One thing that we would add is that removing public housing, which had bipartisan support during 2012 Session, from this legislation and we would also ask racial ethnic impact statement, which Representative Rebimbas required some statistics and information.

A racial ethnic impact statement would actually give you full information about the number of people arrested for violating the zone laws, their ages, their gender, their race, their ethnicity and what has happened to them after they were arrested for the drug-free school zone law.

So when this Committee votes this bill out, hopefully, of this Committee, they can actually vote for a racial ethnic impact statement, which will give you that data from the Office of Legislative Research.

Another thing I would like to note is that A Better Way Foundation has worked tirelessly for supporting overdose death preventions, so we support House Bill 5487 overdose prevention for people who administer, protect people who administer.

And if you're supporting overdose, you must support drug-free school zones, the reason being is that in order for someone who is an addict to get treatment because this is not just for sales. The bill and the law states it's for sale and possession. Addicts possess drugs. They don't sell drugs.

And if you're supporting overdose prevention and you want help for people who have opiod

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overdose issues, then you need to be supporting the issue of reducing the zones so that officers can lead those people who need treatment to treatment facilities and those who are selling into incarceration. Thank you for your time. I will answer any questions.

SENATOR COLEMAN: Are there questions? Seeing none, thank you for your testimony. Isa Mujahid.

DAVID MCGUIRE: Senator Coleman, Isa Mujahid, our field organizer at the ACLU is unable to make it this afternoon. May I testify in his place? I'll be as prompt as possible.

SENATOR COLEMAN: Dave, were you signed up earlier?

DAVID MCGUIRE: I was. That was part of the confusion.

SENATOR COLEMAN: So just state your name again for the record.

DAVID MCGUIRE: And I will be as brief as possible. My name is David McGuire. I'm the staff attorney from the ACLU of Connecticut. I'm here to testify in support of Senate Bill 259, the drug-free school zone bill.

The current law as it's in place is unfair because it has the effect of only protecting suburban white students and hurting urban African-American and Latino students in their community.

The bill before you today would reform this ineffective and discriminatory law. In the nineteen eighties this Legislature passed the current drug-free school zone bill, which is one of the most harsh in the country.

students and not on the instructor, so there was never any interest on their part at that point in having any negotiations.

I will tell you that Chase, within a couple of months of graduating didn't go into carpentry, but he got a job at Home Depot. He worked there for the next five years and he's since got a warehouse job at Electric Boat, so he's a hardworking guy.

He's not a carpenter, which is what he wanted to be because of the injury to his hand, but I will tell you that he's continued to move forward and we're real proud of him.

REP. O'DEA: Thank you very much for your testimony. Thank you, Mr. Chairman.

SENATOR COLEMAN: Are there other questions? Seeing none, thank you both.

BERT POLITO: Thank you very much.

CHASE CORCORAN: Thank you.

SENATOR COLEMAN: Shawn Lang.

SHAWN LANG: Senator Coleman, Representative Fox and other members of the Committee. First, I want to commend you all for sticking in and hanging on today. I know it's a long, long day for you all and I really appreciate your time.

I'm Shawn Lang, and I'm the Director of Public Policy with the Connecticut, with AIDS Connecticut, formerly the Connecticut Aids Resource Coalition and AIDS Project Hartford. We're the only statewide organization whose sole focus is HIV and AIDS and I'm here to lend support for House Bill 5497 AN ACT PROVIDING

(HB 5487)

IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST.

AIDS Connecticut convened a multi-disciplinary statewide overdose prevention work group about a year ago and every week, members of the group are fielding phone calls and e-mails from law enforcement, medical providers, security companies and others about naloxone, wondering where they can get training, where they can access it and how they can get it out to the folks in need.

We have an agreement with Walgreen's 20 centers of excellence where they have naloxone in stock, and you heard earlier from Dr. Peter Rostenberg about his work with three private pharmacies in New Fairfield to ensure that his clients have ready access to naloxone.

Connecticut can be proud of the legislation that we currently have that allows for access to naloxone and the good Samaritan law that protects somebody from arrest if they call 911 to save a life while in possession of drug paraphernalia.

This bill strengthens both of those pieces of legislation and further clarifies who can administer naloxone. You've heard before, it has no street value. It has few, if any side effects and has far less potential adverse effects than an epipen does.

Given the state of high profile opioid overdoses and news media coverage here in Connecticut of overdoses, including a 14-year-old girl in Windsor, and I just received an e-mail the other day from someone whose 23-year-old cousin died from an opioid overdose.

It's really distressing to me that the conversation about naloxone isn't happening hand in hand with those reports. There are highly successful naloxone distribution programs in neighboring states like Massachusetts, Rhode Island, Vermont, New Jersey, New York, that Connecticut would do well to emulate.

Massachusetts has a model program where in the northeast section where EMTs and police and firefighters are all trained to administer naloxone when responding to an overdose.

Rhode Island has a program allowing people to obtain naloxone from their local Walgreen's through a collaborative practice agreement and we just heard today that that agreement is being expanded to other pharmacies.

And Massachusetts has a standing order that allows people to obtain naloxone directly through trained workers as part of a public health project.

We have an opportunity here to increase access to naloxone by providing more information and education to medical providers, substance abuse treatment programs, EMTs, law enforcement, pain management programs, pharmacists, family members and others, about the importance of this live-saving medication.

Just this Monday, Attorney General Holder encouraged law enforcement agencies to train and equip their personnel with life-saving overdose reversal drugs. While this isn't happening yet in Connecticut, it most certainly is another piece to shore up for the foundation that we have.

We appreciate the support that many of you have given to this bill in the past and we hope that you continue to support this version of it and I'm happy to answer any questions you might have.

SENATOR COLEMAN: Are there questions for Miss Lang? Any questions? Chairman Fox.

REP. G. FOX: Thank you. I just wanted to say, I know you've been here all day and I know it's been somewhat of a long day, but I do thank you for being here for your testimony and that goes for everybody who's still here, so thank you.

SHAWN LANG: Thank you very much. It's my pleasure to have the opportunity to do this. It's really important, and again, I likewise appreciate your time for hanging in as well.

SENATOR COLEMAN: Mary Tiezzi.

MARTY TIEZZI: Marty Tiezzi.

SENATOR COLEMAN: You're right. Marty. Sorry.

HJ50

MARTY TIEZZI: I apologize. Good afternoon. I'm honored to have the opportunity to petition the General Assembly and then to appear here today in front of the Judiciary Committee in regards to my claim against the State of Connecticut, specifically Connecticut Valley Hospital in Middletown, Connecticut.

I'd like to break up my statements into three areas. The first area, I'm going to be kind of vague. I'm going to ask you to ponder with me because there's an issue that I don't have the statutes behind me, so I have to be a little bit weak on.

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employment context to individuals who have attained the age of 40 years old or more.

This would mirror the limitations placed in federal law and we think that that clarification should be made. I'm happy to take any questions.

SENATOR COLEMAN: Are there questions? Seeing no questions, thank you.

ERIC GJEDE: Thank you so much.

SENATOR COLEMAN: Marghie Giuliano.

MARGHIE GIULIANO: I'm the end of the line. Good afternoon, Senator Coleman, Representative Fox, members of the Committee. My name is Marghie Giuliano. I'm a pharmacist and I'm the Executive Vice-President of the Connecticut Pharmacists Association and I'm here today to speak in support of House Bill 5487 AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS OPIOD ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOD RELATED OVERDOSE.

This legislation provides immunity to licensed healthcare professionals and others who administer an opiod antagonist to a person they believe is having an opiod related overdose.

We'd like to have pharmacists specifically mentioned in this legislation since the pharmacist is in the position not only to administer, possibly, but to also dispense an opiod (inaudible).

I'm not going to go into the facts. You've heard about how staggering all the news reports on opiod related deaths and how wonderful naloxone is to be able to really reverse the effects of a drug overdose.

And as front line healthcare providers, I think it's important that pharmacists, you know, get involved in this and have the ability to really help, break down some of the barriers to access to naloxone.

You have my testimony in front of me. I have had so many discussions today with colleagues and we've had meetings with many of the advocates regarding this and I'd like to just recommend that perhaps the Committee consider adding in a new subsection, subsection d, that would simply state a pharmacist can initiate and dispense an opioid reversal agent. The Department of Consumer Protection shall promulgate regulations.

Basically what this says it allows the pharmacists in their judgment, to be able to provide naloxone to patients per a protocol who would be in need of it, be it a caregiver, somebody who might be living with somebody who's on high doses of opioids to be able to have that available to them or in other events where in emergency situations somebody could have that you know, available to them.

That's really my testimony. You know, pharmacists are at the front line. You've heard that there have been some collaborative agreements with some of the pharmacies, the Walgreen's pharmacies. I think this just opens it up. It breaks down the barriers. You're still within a trusted healthcare professional who knows the medication and who dispenses it, so it's something to consider. Thank you.

SENATOR COLEMAN: Thank you. Are there questions?
Seeing none, thank you very much.

MARGHIE GIULIANO: Thank you.

**JOINT
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**JUDICIARY
PART 6
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2014



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**Connecticut State Medical Society Testimony in Support of House Bill 5487 Act Providing
Immunity for a Person who Administers An Opioid Antagonist To Another Person
Experiencing An Opioid Related Drug
Judiciary Committee
March, 12, 2014**

Senator Coleman, Representative Fox and members of the Judiciary Committee, my name is Doctor Peter Rostenberg. I am an internist and addiction specialist practicing in New Fairfield, Connecticut, a member of the Addiction Medicine Committee of the Connecticut State Medical Society, and recipient of the 2013 Substance Abuse and Mental Health Service Administration (SAMHSA) Science and Service Award for Office Based Opioid Treatment. On behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to present this testimony to you in support of House Bill 5487 An Act Providing Immunity for a person who Administers An Opioid Antagonist To Another Person Experiencing An Opioid Related Drug. The bill before you today, would provide protection for friends and loved ones who administer a drug called naloxone to a person in the event of a possible drug overdose.

Pharmacologically, naloxone is an opioid antagonist which rapidly sweeps away prescription or illicit opioids from the brains of overdose victims, restoring normal respiratory function. In public health terms, wider availability of naloxone will reduce the mortality of Connecticut's leading cause of unintentional deaths of our young people. At the present time, naloxone is the drug of choice to reverse opioid overdoses. It has no "street value," is inexpensive and is not a scheduled or controlled drug. There is no possibility for abuse. Education needed for proper use is readily available through the Department of Mental Health and Addiction Services (DMHAS) that has a developed protocol for the training of naloxone prescription recipients. In addition, most health insurance policies provide coverage for naloxone. It is imperative that any person who walks into a pharmacy asking for naloxone be considered a 'stakeholder' who could possibly save a life and should receive the medication.

In my long medical career, this is the second opioid epidemic I have witnessed. During the first epidemic, in the early 1970s, I was an attending physician in the Harlem Hospital Center's Emergency Department in New York City. We routinely treated patients with naloxone who were in opioid-induced respiratory failure: the non-breathing patient would respond to naloxone by taking a deep inhalation and waking up. I mention this overdose reversal because to witness it is one of the most dramatic interventions in all of medicine: death becomes life.

The second opioid epidemic is now, 2014. A surprising number of my opioid use disorder patients have themselves experienced a non-fatal overdose or know a family member, friend or acquaintance that has overdosed fatally. While a percentage of overdose patients are treated and saved through the good work of ambulance teams using nasal naloxone it is insufficient to confront this public health crisis.

Sociologically, the affected populations have changed. During the epidemic of the 1970s, opioid patients were mostly African American and poor. Today, in Connecticut, persons with opioid use disorder are primarily white and middle class. Today prescription opioids and illicit drugs, mainly heroin, are the leading cause of death of our Connecticut citizens between the ages of 18 and 44. More Connecticut residents now die of overdose than in motor vehicle crashes or from AIDS. Unfortunately, many of these deaths could have been prevented if naloxone were available to family, loved ones and friends. The epidemic is now, and our response must be now.

We urge this committee, and ultimately the Legislature to pass House Bill 5487 to reduce mortality from this public health crisis. The opportunity to reduce unnecessary deaths is before us and the responsibility exists to do so.

Looking at these losses in epidemiological terms, consider that the life expectancy of our citizens is 78.8 years according to the Centers for Disease Control (CDC). Consider how many years of potential life a 20 year old loses when s/he dies of an opioid overdose: 58 years!! The joys of this person's life and the development of his/her full potential never occur. It is a devastating loss to his/her family both present and future, his/her employer or employees, his/her community, state and society.

Please support House Bill 5487



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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Dannel P. Malloy
Governor

Patricia A. Rehmer, MSN
Commissioner

**Testimony by Patricia Rehmer, MSN, Commissioner
Department of Mental Health and Addiction Services
Before the Judiciary Committee
March 12, 2014**

Good afternoon Senator Coleman, Representative Fox, and distinguished members of the Judiciary Committee I am Patricia Rehmer, Commissioner of the Department of Mental health and Addiction Services (DMHAS) and I am here this afternoon to speak in support of **HB 5487** ***AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE.*** I want to thank the committee for your assistance in raising what I consider to be one of the most important pieces of legislation that is before you this session.

In 2012, the Connecticut legislature responded to the state's alarming opioid overdose death rate by enacting a law (PA 12-159) to increase access to naloxone, a medication which reverses an opioid overdose. This law provides protection to the medication's prescriber in terms of civil liability and criminal prosecution, but provides no protection to the person receiving the prescription - the family member or friend invested in saving the life of someone that they know uses opioids. In addition, a 2011 Connecticut law (PA 11-210), designed to encourage overdose witnesses to call 911, only provides the caller with protection from arrest for possession of drugs and/or drug paraphernalia, and does not address protection for any charges related to administration of naloxone. Connecticut's Good Samaritan Law also (CGS 52-557b) does not address witnesses or bystanders.

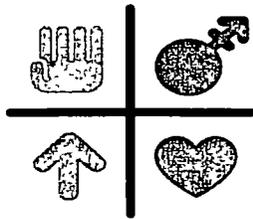
The public remains fearful of the implications of involvement in an overdose situation. Studies show that 911 is called in overdose situations only half of the time at best. People still stand by while a companion dies from an overdose when timely intervention could have saved them. In Connecticut, we continue to lose a life to overdose, on average, every day. It is the leading cause of death for males between the ages of 18 and 25. People's fears - everything from old warrants to the possibility that the overdose victim's family might sue them if they are not able to revive the person successfully - persist.

Naloxone, commonly known under the trademark "Narcan", is a safe, prescription medication with no abuse potential. Awareness of the role of naloxone has been steadily increasing in the last several months as evidenced by stories on NPR, CNN, and locally on channel 8. DMHAS was involved in the story of a mother who administered Narcan to her own son and saved his life. All sorts of organizations are calling for broader access to Narcan – the American Medical Association, the Centers for Disease Control and Prevention, the World Health Organization, and the United States Office of National Drug Control Policy.

But more needs to be done in terms of awareness, access, and education for us to be able to demonstrate an impact on this overdose epidemic. Multiple initiatives are underway in these areas, such as providing naloxone to ALL first responders (including EMTs) and collaborative practice agreements with pharmacies to make access to naloxone as easy as going to Walgreens and getting a flu shot.

We want to remove every potential barrier to naloxone use. This legislation may encourage someone to act to save a life who otherwise might have decided against it. It may keep an overdose witness from carrying the burden of guilt for failing to have acted because of fear. It may save the parent of a young person who has died of an overdose from having to wonder why that witness failed to save the life of their child.

Thank you for the opportunity to give my testimony. I would be happy to answer any questions you may have.



Testimony of Christopher Heneghan
Judiciary Committee
12 March 2014

Christopher Heneghan | Windham Harm Reduction Coalition Inc. | 75 Bridge St | Willimantic, CT. 06226
Cheneghan0@gmail.com | 860-234-7313

Senator Coleman, Representative Fox, members of the committee; I appreciate the opportunity to testify before you today. I'm Christopher Heneghan, the Director of Windham Harm Reduction Coalition. We work with over 300 individuals and families and affected by substance abuse, in Eastern, CT.

I'm here to lend my support to **HB 5487 AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID OVERDOSE**. The changes proposed by the Department of Mental Health and Addiction Services will allow someone to administer Naloxone to bring someone out of an overdose, and call 911 for further assistance

In 2009 the CDC announced that opioid overdose deaths reached epidemic proportions in the United States. Almost 40,000 American lives are lost each year to this preventable tragedy. It is the leading cause of accidental death in our nation surpassing, fire arms and motor vehicle accidents. On average one Connecticut resident dies each day of an opioid overdose.

Naloxone is an unscheduled drug with no abuse potential and a very favorable safety profile. Naloxone's only use is to bring someone out of an opioid overdose. It is similar to an epi-pen which many people use to prevent anaphylactic shock.

In the event of opioid overdose the window of opportunity for a lifesaving intervention closes rapidly, often before EMS is able to respond. Naloxone provides a critical safety net, extending that window of opportunity for 30 – 90 minutes.

Some policy makers have expressed concern that supporting this bill might be construed as a measure to condone drug use. There is an extensive body of evidence to the contrary. In fact, studies have shown, Naloxone induces the same unpleasant symptoms that opioid dependent individuals are trying to stave off with their opioid use. As such, people do not feel more comfortable using opioids more frequently or in higher doses because of Naloxone availability.

This legislation is already on the books. The additional language seeks to make it more workable. Sadly, I think most of us know someone who has struggled to manage an addiction. Opioid users are at highest risk of overdose, when they return home to their families following discharge from treatment. In the event of an overdose it is near impossible for an individual to administer Naloxone to themselves. This bill will allow the loved ones of those struggling with addiction peace of mind in knowing they can approach their family doctor and request a prescription for Naloxone without fear or stigma, so this lifesaving medication can be kept in their home.

Since 2009 we have lost nearly 10% of our agency's clients to opioid overdose. In 2013, the majority were young men and women between the age of 18 and 25.

In response to this epidemic I urge you to please support HB 5487, to ensure Connecticut residents struggling with substance abuse, have a chance to get the help and support they need. Thank you.



**TESTIMONY OF Ingrid Gillespie, Regional Action Council Director,
President, Connecticut Prevention Network**

IN FAVOR OF

**HB 5487- AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN
OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED
DRUG OVERDOSE**

Judiciary Committee Hearing, March 12, 2014

Senator Coleman, Representative Fox and members of the committee; my name is Ingrid Gillespie and I am Director of the Lower Fairfield County Regional Action Council (LFCRAC) covering the communities of Greenwich, Stamford, Darien and New Canaan. I am also President of the Connecticut Prevention Network (CPN) which is an association of the state's 13 community partnership Regional Action Councils (RACs) that work to provide every community in Connecticut with education, training and advocacy for substance abuse prevention and mental health promotion across the lifespan.

In my capacity as President of CPN I want to offer testimony to support **HB 5487- AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE.** The bill would provide a person immunity from liability when they administer an opioid antagonist to a person they believe, in good faith, is experiencing an opioid-related drug overdose. The opioid antagonist known as nalaxone or narcan is safe, effective and a life saving intervention for someone experiencing an opioid overdose.

An article in the Connecticut Post on March 10, 2014 outlines the drug overdose problem facing Connecticut. According to the Chief Medical Examiner, heroin overdose deaths increased in Connecticut by 60% from 174 in 2012 to 257 in 2013. With too many unnecessary deaths there is a need for the use of nalaxone which, simply put, can save lives. And as noted by many in recovery from opiate addiction and professionals in the field of addiction, this intervention can save lives and provide an opportunity to access treatment.

CPN supports this life saving intervention known as a harm reduction strategy as part of a more comprehensive effort that includes strategies to address the demand and supply of prescription and illicit opiates.

It is important to note that heroin isn't the only cause for opioid overdose. As noted in the Overdose Prevention Fact Sheet created by the Statewide Overdose Prevention Workgroup, of which CPN is a member, people with chronic pain with legitimate prescriptions may turn to heroin as a cheaper, more accessible option. Children may accidentally ingest prescription medications. Young people going to parties and experimenting may ingest unknown substances. Opioid overdose occurs across all age, gender, ethnic, and geographic strata, and in those using it medically and non-medically (Journal of the American Medical Association Nov 14, 2012: 308(18): 1863-4.)

In summary, the Connecticut Prevention Network asks you to support HB 5487 as a crucial intervention to save lives and important step in overall efforts to address the increase of opiate abuse and addiction.

Ingrid Gillespie
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Statement Before
Judiciary Committee
Wednesday, March 12, 2014

HB 5487 An Act Providing Immunity To A Person Who Administers An Opioid Antagonist To Another Person Experiencing An Opioid-Related Drug Overdose

Good Afternoon Senator Coleman, Representative Fox and members of the Judiciary Committee. My name is Margherita Giuliano and I am both a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association is a professional organization representing 1,000 pharmacists in the state of Connecticut. I am here today to speak in support of HB 5487 An Act Providing Immunity To A Person Who Administers An Opioid Antagonist To Another Person Experiencing An Opioid-Related Drug Overdose

This legislation provides immunity to licensed health care professionals and others who *administer* an opioid antagonist to a person they believe is having an opioid-related overdose. We would like to have pharmacists specifically mentioned in this legislation since a pharmacist is in the position to not only administer the medication but *dispenses* it as well.

As you know, there are a staggering number of opiate-related deaths in our country today. News reports of deaths due to heroin/fentanyl combination have dominated the airwaves in recent days. With easy access to heroin and opiate prescription medications it becomes critical that we remove barriers to the availability of naloxone for people at risk for overdose. Pharmacists are in a perfect position to be able to not only identify persons at risk, but to be able to provide the medication and the education to patients or caregivers as to how to administer the medication when needed.

As a front line health care provider it is important that pharmacists are immune from liability for damages in a civil action as well as in criminal prosecution for not only administering the medication but for dispensing it as well.

The CPA is currently working with advocates and with the Department of Consumer Protection to expand the availability of naloxone through protocol based dispensing or collaborative practice agreements. There are too many needless deaths. Through education we hope to inform the public of the availability of naloxone. With that are the unintentional burdens that come along with it. Do you give naloxone to a parent who suspects their child is addicted to heroin just to have on hand? Is it a violation of law if the person you dispense to is not necessarily the end user? How do pharmacies get reimbursed for this product?

Our neighboring state of Massachusetts has a law that has had a statistically significant impact on saving lives in their state. It says: Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice." And "A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose."

Passing legislation similar to Massachusetts is a solution to breaking down the barriers to naloxone availability so that we can move forward with a strong naloxone program in this state to save persons at risk.



Testimony of Shawn M. Lang
Judiciary Committee
12 March 2014

Senator Coleman, Representative Fox, members of the committee; I appreciate the opportunity to testify before you today. I'm Shawn M. Lang, the Director of Public Policy with the AIDS CT, formerly CARC and AIDS Project Hartford; Connecticut's only statewide HIV/AIDS organization. We work to ensure that the 10,000 people living with HIV/AIDS in our state have the housing, care, prevention and supportive services they need in order to live their lives in dignity.

I'm here to lend my support to HB 5487 AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE. The changes proposed by the Department of Mental Health and Addiction Services will allow a person to administer Naloxone to bring someone out of an overdose, save a life and call 911 for further assistance.

In Connecticut, there were 2,231 opioid-involved deaths from 1997 to 2007. Nationwide, 18- to 24-year-olds are more likely to die from drug overdoses, primarily from prescription pain relievers, than from motor vehicle accidents.

Connecticut residents can be proud of the fact that we have a statute that allows for access to Naloxone for overdose reversal and a Good Samaritan law that protects someone from arrest if they call 911 to save a life while in possession of drug paraphernalia. HB 5487 strengthens both of those pieces of legislation, further clarifying who can administer Naloxone.

Naloxone has no street value, few if any side effects, can be administered either nasally or intramuscularly, and has far less potential for adverse reactions than an Epi-pen. Narcan provides a 30- to 90-minute window of opportunity to call 911 and get someone to the emergency room.

Given the spate of recent, high-profile opioid overdoses and news media coverage of overdoses in Connecticut - including a 14 year old from Windsor, and an email from someone whose 23 year old cousin just overdosed - it's distressing that the antidote for opioid overdose (Naloxone) is often missing from that discussion. N

arcan © (Naloxone) is an opioid antagonist currently available through a prescription that is capable of reversing an opioid overdose and saving a life. Although the presence of a solution to the immediate, life-threatening problem of overdose would seemingly be popular, Naloxone overdose programs have not grown at a rate to prevent the tragic and unnecessary accidental deaths from opioid overdoses.

There are highly successful Narcan distribution programs in neighboring states such as Massachusetts, Rhode Island, Vermont, New Jersey and New York that Connecticut would do well to emulate. Massachusetts has a model program in the Northeast where Emergency Medical Technicians (EMTs), police and firefighters are all trained to administer Naloxone when responding to an overdose. Rhode Island has a program allowing people to obtain Naloxone from their local Walgreens pharmacy through

a collaborative practice agreement, and in Massachusetts, a standing order allows people to obtain Naloxone directly through trained workers as part of a public health project.

We have an opportunity to increase access to Naloxone by providing more information and education to medical providers, substance use treatment programs, EMTs, law enforcement, pain management programs, pharmacists, family members, and others about the importance of this life-saving medication.

We convened a multi-disciplinary statewide Overdose Prevention Workgroup a year ago. Every week, we are fielding calls and emails from law enforcement, medical providers, security companies and others about Naloxone wondering where they can get training, and access. We have a gentleperson's agreement with Walgreens 20 Centers of Excellence to have Naloxone in stock. And, a physician in New Fairfield has taken it upon himself to enter into an agreement with three private pharmacies to stock Naloxone for the prescriptions he writes.

And, just this Monday, US Attorney General Holder encouraged "law enforcement agencies to train and equip their personnel with the life-saving, overdose-reversal drug known as Naloxone." While this is not happening – yet - in CT, this is most certainly another piece to shore up the foundation for overdose prevention.

We've paved the way and have lots of evidence and support all around us. We just need your support to help us get there. There is no logical reason to fail to support the antidote to an opioid induced death and we have every reason to advocate for the expansion of something that could save your life or the life of someone you love.

I'd be happy to answer any questions you might have. Thank you.

March 8, 2014

Members of the Judiciary Committee
Connecticut Legislature
Hartford, CT

Dear Senator Coleman, Representative Fox and all members of the Judiciary Committee,

I am writing in support of HB 5487 AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE. Thank you very much for your consideration of this important legislation.

I have lived and worked in New Haven, CT, since 2002. I am a social worker by training and manage HIV care and prevention studies at the Yale School of Public Health.

I am writing to you today as an advocate for the health of the people of Connecticut, and as a mother. I have two children: Edith, a 16 year old high school junior, and Javier, a 12 year old 6th grader. Like all young people, my children have tremendous potential to do anything. They may one day be elected officials like yourself, school teachers or police officers, investment bankers or artists. They may also one day be opioid addicts. While we do everything we can as parents to support our children and keep them from harm's way, addiction is a powerful force than can ensnare our children in spite of our best efforts. Peer pressure, back injury, experiences of trauma, curiosity and boredom are all pathways to opioid addiction.

When people use opioids – in the form of either heroin or oxycotin pills – they run the risk of overdose. They may accidentally take so much of the drug that their brain shuts down and they stop breathing. In that moment, an opioid antagonist – one simple shot - can bring the person back, stop the overdose from ending life.

I hope with all of my heart that the overdosing person lying on the floor of an apartment in Ansonia or behind a club in New Haven is never my child. To think of Javier's still body, turning blue and cold, sends shivers down my back. However, even if that person is not my child, s/he is somebody's child. Somebody's friend. Somebody's parent. And it is our responsibility as a State to do anything we can to save that person's life.

The bill before you will facilitate the administration of the opioid antagonists that are needed to reverse overdose in a moment in crisis. I urge you do whatever you can to ensure this bill passes.

Thank you very much,

Amy B. Smoyer, PhD
133 East Grand Ave
New Haven, CT 06513



Testimony of Daniel Davidson
Judiciary Committee
12 March 2014

Senator Coleman, Representative Fox, members of the committee: thank you for taking the time to consider my testimony. I write you as a resident of Hartford, a constituent of the 2nd Senatorial and 1st Congressional state districts, an intern at AIDS CT, and a student at the UCONN School of Social Work.

I would like to express my support for Raised Bill 5487 AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE. A layperson can already legally administer naloxone to an individual experiencing an opioid overdose. This acts provides an extra level of legal protection so that a Good Samaritan can be confident he or she will not suffer consequences for acting to try to save a life.

As part of my work with AIDS CT I am in the process of reviewing records of drug-overdose deaths in Connecticut to determine which areas of the state are hardest hit. In the course of my work my eyes were opened to the true nature of opioid-related deaths. While many can be attributed to heroin, many other deaths are caused by overdose of legal medications including oxycodone, fentanyl, and hydrocodone. People from all age groups, from teenagers to seniors fall victim to opioid overdose deaths. Most of these deaths are unintentional and a number could have been prevented if friends and loved ones had access to naloxone and felt safe in using it without recrimination.

As harm reduction strategies go, naloxone is one of the less controversial, and more medically sound interventions out there. On the market for decades, naloxone has a long history of being safe and effective, and is not under patent, meaning it is available as a low-cost generic medication. There is no street use for naloxone, and it can even be administered several times without danger to the patient.

Increasing access to and use of naloxone will help prevent opioid overdoses from becoming opioid deaths. It is essential that education on how to obtain and use naloxone can include an assurance that it is safe, legally speaking, for someone to aid a person in need.

Please support Raised Bill 5487 as one important step in a process of reducing unnecessary deaths in our state. Thank you.

Daniel Philip Davidson

Testimony of Sarah J. Pavone
Judiciary Committee
HB 5487 - 12 March 2014

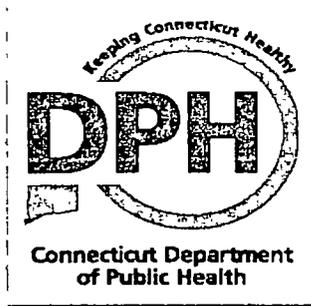
Senator Coleman, Representative Fox, members of the committee; Thank you for allowing me to send in my written testimony. The reason I am unable to be there in person is because I am attending the wake of my 23 year old cousin, Vincent Carey, who passed away on Saturday, March 8, 2014 from a heroin overdose.

Vincent was a recent graduate from Keene State University in New Hampshire. During his time there he was the president of his fraternity Sigma Pi. After college he moved back home to become a Service Manager in the family business. Throughout his years in middle and high school he was active in theatre, football, his church St. Thomas the Apostle and was crowned homecoming king. He had the most amazing smile and was able to make anyone laugh.

While I am still grieving and trying to make sense of such a loss, all I can think of is what could have been done to save him? Vincent showed no signs of opioid addiction. From what I have learned from his friends, like many others, his addiction started with prescription pills and quickly escalated to heroin.

On Saturday, March 8, 2014, at 2:15 am, Vincent's "friend" sent a text message to someone asking "Is it normal for Vin to snore so loud and-weird?-It's creeping me out. He literally won't get up." While assumptions could only be made as to why this "friend" did not call 911 at that moment, whether it be out of fear of getting caught himself, denial, or lack of knowledge of what to do, having access to Naloxone could have saved my cousin's life in that moment to give his friend extra time to make that call.

My cousin was never allowed the chance to get help and get back on track. Please support HB 5487 so that someone else can be granted that chance. Thank you.



Connecticut Department of Public Health

Testimony Presented Before the Judiciary Committee

March 12, 2014

Commissioner Jewel Mullen, MD, MPH, MPA
860-509-7101

House Bill 5487: An Act Providing Immunity To A Person Who Administers An Opioid Antagonist To Another Person Experiencing An Opioid-Related Drug Overdose

The Department of Public Health (DPH) supports House Bill 5487. This bill protects individuals such as family members and friends from liability for administering an opioid antagonist such as Naloxone/Narcan to someone experiencing an opioid-related drug overdose. Opioids include prescription drugs such as Oxycontin and Percocet, as well as illegal drugs such as heroin. This legislation aligns with laws already passed in many other states including Vermont and Rhode Island.

Naloxone/Narcan is a safe and effective prescription medicine that reverses an opioid overdose. Since someone experiencing an overdose is unable to administer this drug, current Connecticut law allows health care providers to prescribe Naloxone/Narcan to family members, friends, and others that may be in close proximity to someone who uses opiates and may experience an overdose. The rate of drug overdose deaths has been rising steadily in the United States, increasing by 102% from 1999-2002. This increase is largely because of prescription opioid painkillers. Drug overdose was the leading cause of death due to injury in 2010 in the United States. Among people 20-64 years old, drug overdose caused more deaths than motor vehicle traffic crashes. Passage of this bill will protect individuals who intervene to prevent a death due to opioid overdose.

Thank you for your consideration of the Department's perspective on this bill.

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Testimony of Molly Kochenburger
Judiciary Committee
12 March 2014

Senator Coleman, Representative Fox, and members of the committee; I thank you for allowing me the opportunity to testify before you today to support HB 5487, AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE. I am Molly Kochenburger, a volunteer with Windham Harm Reduction Coalition. We work to prevent the spread of HIV/AIDS, Hepatitis, and other incurable diseases by allowing intravenous drug users access to safe and sterile supplies. Our primary goal is to keep people in the community safe and alive.

In Connecticut, between 1997 and 2007, there were 2,231 opioid-involved deaths and currently, on average, one person dies every day from a drug related overdose. Across the country, 18 to 24 year olds are more likely to die from a drug overdose than a motor vehicle accident. These statistics are outrageous. Naloxone (also known as Narcan) is a prescription medicine that can be administered intramuscularly or by nasal spray, and is an opioid antagonist. It is not addictive and cannot be abused or used to get high. If given to someone who has not taken opiates, it will have no effect on them. Its only use is to save lives by bringing someone out of an opioid overdose. Besides illegal drugs such as heroin, these opiates can include morphine and prescription pain medication such as Percocet and Vicodin.

The Department of Mental Health and Addiction Services has proposed changes that will allow someone to administer Naloxone to save someone from an overdose and call 911 for further help. Some have expressed concern that by supporting this bill drug use is also being supported. This is incorrect. This legislation is already on the books, we are just working to clarify some language so it is more workable. Also, it is not supporting drug use, it is supporting saving lives. The truth is that there are thousands of people who have become addicted to drugs. I cannot think of a single person who planned to become an addict. In fact, many of these opioid addictions start with legal access to medications. According to the Office of National Drug Control Policy, four out of five heroin users start by developing an addiction to prescription opioid painkillers. Addiction can be found in all ages, races, ethnicities, and socioeconomic statuses. Like any other disease, it does not discriminate and where there is addiction, there are also overdoses. Naloxone simply gives a 30-90 minute life saving window of time to call 911 and get someone to a hospital. This can make the difference between a life which may end in treatment and death.

Please support HB 5487 and support saving lives. It will give someone an opportunity to get the help, treatment, and support they need. Thank you.

HB 5487 An Act Providing Immunity to a Person Who Administers an Opioid Antagonist . . .
William Tootle | Windham Harm Reduction Coalition | 75 Bridge St | Willimantic, CT 06226
wptootle@yahoo.com | 860-456-0251

Senator Coleman, Representative Fox, members of the committee, thank you for the opportunity to testify today. My name is William Tootle and I serve on the board of the Windham Harm Reduction Coalition. We provide syringe exchange services to residents of eastern Connecticut. I am here to express my support for HB 5487, which would provide immunity to anyone attempting to save the life of someone experiencing an opioid overdose by administering naloxone.

If they have not already, others will testify in great detail today to the high rates of overdose deaths locally and nationally and to the effectiveness and harmlessness of naloxone. What I would like to do, then, is make sure that amid all the relevant science and statistics, the people most affected by opioid overdoses do not disappear.

Actor Philip Seymour Hoffman's fatal heroin overdose last month was tragic. It captured the nation's attention and brought the overdose epidemic into sustained mainstream discussion. And it has spurred some noteworthy action at the federal level, as evidenced by Congresswoman Donna Edwards's reintroduction of the SOS Act last week and Attorney General Holder's support this week for equipping first responders with naloxone.

All of this is positive. But I can't help but be struck by the fact that thousands of ordinary people have been dying of drug overdose each year in this country for decades. The number has tripled since about 1990 such that now approximately 40,000 people die each year of drug overdose. It is now the leading cause of death by injury in the US.

As I said, Mr. Hoffman's death was tragic, and I am glad it has focused public attention on the problem of drug overdose in general and opioid overdose in particular. But it troubles me that so many lives have already been unnecessarily lost for so long without generating the kind of attention and concern that the death of a celebrity can trigger. Ordinary people who use drugs, who abuse drugs, who are addicted to drugs are precisely that—people. They are our children, our parents, our partners, our friends, our neighbors, our colleagues—all remarkable in their own ways. They have faces and names, aspirations and pain. They have imperfections like all of us, but they are as real and distinctive as you and me. They are often labeled and dismissed as drug abusers, but they are *people*. And none of them has to die of an opioid overdose because its antidote, naloxone, exists and has existed for decades.

Naloxone is, of course, not a solution to the problem of opioid abuse and addiction. That will require far greater changes in our society, which promotes destructive drug use and undervalues drug users. But there is something simple that we can do *right now*, this very moment, to curb the high rates of overdose deaths and reduce the pain and suffering that ripple out from them.

And that something we can do is make naloxone more accessible to everyone likely to encounter an opioid overdose. HB 5487 would help do that. Too many lives have been unnecessarily lost to preventable overdose. And too much collective pain has been unnecessarily inflicted on the people connected to those lives. No one who dies of an overdose has the chance to recover from addiction. I support HB 5487 and urge you to do the same. Thank you.

Testimony of Melanie Alvarez
Statewide Overdose Prevention Workgroup
March 12, 2014

Senator Coleman, Representative Fox, members of the committee; my name is Melanie Alvarez from New Britain, CT. I appreciate the opportunity to be able to present my testimony regarding HB 5487 AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE.

I am a survivor of a parent who has died of an opiate related overdose, as well as a service provider at HRA of New Britain, Inc Wellness Resource Center. We provide services to the HIV positive and affected individuals in and around the New Britain area. I have spent a lot of time working with individuals in recovery from and engaging in active substance abuse, since a substantial amount of our clients have become infected through drug related practices such as injecting drugs. Many of our clients with legitimate pain have turned to heroin as a cheaper more accessible option when prescription pain management has ceased. The National Drug Control policy supports this claim by stating that four out of five heroin users start by developing an addiction to prescription pain management.

I am sure that everyone on this committee is aware that Naloxone (Narcan) is a life-saving medication and antidote for opiate overdose; however it is useless if people cannot access it or are afraid of the consequences of administering it to someone who is overdosing. In the past year of my work, we have lost several members of our client population to substance related causes, two were due to accidental overdose of heroin but this is not the only cause of opiate overdose, as we have seen in studies that people are also overdosing on prescription pain medication. In September of 2011, The National Institutes of Health published a study that found that nationwide there was a 122% increase in poisoning due to opioid pain and related medications in youth aged 18-24. In the 18 and older population, there were 1.6 million hospitalizations for accidental overdose, for an overall cost of \$15.5 billion. Compelling evidence for prevention would be a reduction in these costs for the State of Connecticut. On average in Connecticut one person per day dies of drug related overdose according to CDC 2010:372, not including alcohol.

In my ten years in the field, I can tell you that we try everything possible to help individuals suffering from addiction from treatment to counseling to in patient detox program referrals, to methadone or suboxone replacement therapy. One thing has become clear throughout this time: you cannot stop people from doing drugs if they want to use! Encouraging accessibility to narcan would not "encourage" people to use drugs as many people who are misguided or uneducated in addiction and treatment modalities may think. What we can do is save lives and save money for our state by giving people an alternative to death and hospitalization! Thank you for your consideration.